BEST AVAILABLE COPY

DATENT ADDI (CATION FOR DEPARTMENT									Application or Docket Number							
	PATENT APPLICATION FEE DETERMINATION RECO Effective November 10, 1998									19381538						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMA	LENT	TΥ	OR	OTHE	R THAN ENTITY		
FOR NUMBER FILED NUMBER EXTRA						1	RATE		E	1	RATE	FEE				
B	ASIC FEE		840					1			0.00	OR	 	XI		
1	OTAL CLAIMS	minus 20=			*			X\$ 9=			OR	-	070			
IN	DEPENDENT (/ minus 3 =			•			X39=				1	┨}-			
M	MULTIPLE DEPENDENT CLAIM PRESENT										OR	X78=	 			
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2							1	+130=	4		OR ·	+260=			
_	(1) \								IATOT			OR	TOTAL	840		
((Column 1) (Column 2) (Column 3)							SMALI	LENTI	ΓY :	OR	OTHER SMALL	THAN ENTITY			
AMENDMENT A		REMA	NING TER DMENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE		
TENDI	Total -	• (0	2	Minus Minus	44	D	=		X\$ 9=			OR	X\$18=			
¥	FIRST PRESI	م	N OF MI		PEND	ENT CLAIM	=		X39=			OR	X78=			
-	. 1				FERD	ENT CLAIM			+130=			OR	+260=			
	12/31/	B						<u>.</u>	TOTAL		٦,	OR ,	TOTAL			
_	(Column 2) (Column 3)							•		-		•	ADDIT. FEE			
ENDMENT B	<u> </u>	REMA AFT AMENT	INING TER		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE		
	Total Independent	- (2	Minus	**	20	=		X\$ 9=			OR	X\$18=			
Ž	FIRST PRESE		N OF MU	Minus ILTIPLE DEF	PEND	ENT CLAIM			X39=			OR	X78=			
									+130=		c	OR	+260=			
		•		·				AL	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE			
7	(Column 1) (Column 2) -(Column 3)															
		REMAI APTI AMEND	NING ER		PRE	IGHEST UMBER. EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	L.		RATE	ADDI- TIONAL FEE		
	Total	*		Minus	**		E		X\$ 9=		7	<u>_</u>	X\$18=	_ 1-66		
[Independent	*		Minus	***		E .	-	X39=	 -	\dashv °	R				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										_ 0	R	X78=			
· H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								130=		_lo	R	+260=			
	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number for the second se										_ 0	R	TOTAL DOIT, FEE			
	•			(Ionai O	che	and is the	nignest number	lound	in the ap	propriate	box in	colu	ma 1.			